

# **AFFIDAVIT ACCOMPANYING MOTION FOR PERMISSION TO APPEAL IN FORMA PAUPERIS**

District Court No. ~~18-1387~~

Appeal No. \_\_\_\_\_

v.

**Affidavit in Support of Motion**

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: *Josephine Amaturu***Instructions**

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: \_\_\_\_\_

My issues on appeal are:

*A Fourth AMENDMENT MALICIOUS PROSECUT CLAIM UNDER U.S.D. 1983 FOR DAMA.  
A MONET CLAIM UNDER 1983 FOR DAMAGES*

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
<i>Social Security 1,511.00</i>				
<i>RENT 350.00</i>				
Employment	\$ N/A	\$ /	\$ /	\$ /
Self-employment	\$ N/A	\$ /	\$ /	\$ /
Income from real property (such as rental income)	\$ 350.	\$ /	\$ 350.	\$ /
Interest and dividends	\$ N/A	\$ /	\$ /	\$ /
Gifts	\$ N/A	\$ /	\$ /	\$ /
Alimony	\$ N/A	\$ /	\$ /	\$ /
Child support	\$ N/A	\$ /	\$ /	\$ /
Retirement (such as social security, pensions, annuities, insurance)	\$ 1,511.00	\$ /	\$ 1,511.00	\$ /
Disability (such as social security, insurance payments)	\$ N/A	\$ 0	\$ /	\$ /
Unemployment payments	\$ N/A	\$ /	\$ 1861.00	\$ /

Other (specify):	\$	\$	\$	\$	\$
Total monthly income:	\$	\$	\$	\$	\$

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	N/A		
Address	N/A		
Dates of employment	N/A		
Gross monthly pay	\$	\$	\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	N/A		
Address	N/A		
Dates of employment	N/A		
Gross monthly pay	\$	\$	\$

4. How much cash do you and your spouse have? \$

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	N/A		
Type of Account	N/A		
Amount you have	\$	\$	\$
Amount your spouse has	\$	\$	\$

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	(Value) \$	N/A	
Other real estate	(Value) \$	N/A	
Motor vehicle #1	(Value) \$	N/A	
Make and year	Model	Registration #	

<b>Installment payments</b>			
Motor vehicle:		\$	\$
Credit card (name):		\$	\$
Department store (name):		\$	\$
Other:		\$	\$
<b>Alimony, maintenance, and support paid to others</b>		\$	\$
<b>Regular expenses for operation of business, profession, or farm (attach detailed statement)</b>		\$	\$
<b>Other (specify):</b>		\$	\$
<b>Total monthly expenses:</b>		\$0	\$0

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?
- ☐ Yes ☒ No If yes, describe on an attached sheet.
10. Have you spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit?
- ☐ Yes ☒ No If yes, how much? \_\_\_\_\_
11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.
- READ MY EXPENSES*
12. State the city and state of your legal residence: WOLFEBORO, NEW HAMPSHIRE
- Your daytime phone number: ( ) 603-569-2429
- Your age: 80 Your years of schooling: 34 YEARS COLLEGE
- Last four digits of your social-security number: 3410

2204

I receive fuel assistance from Tri-county Community Action in Tamworth NH

The Town pays the town taxes on my house

I pay a discount of only \$50.00 a month total for electric to the town

I get help paying my yearly registration for the State and town on my birthday

I AM 81 YEARS OLD

### BILLS

	MONTHLY	
2. <i>R X PRESCRIPTION DRUGS</i>	<i>36.00</i>	✓
AARP-UNITED HEALTH INSURANCE	174.50	✓
3. LIBERTY MUTUAL HOUSE INSURANCE	<i>106.64</i>	✓
<del>AND</del> CAR INSURANCE <i>WARTFORD</i>	181.11	✓
4. UNITED HEALTH PRESCRIPTION DRUG	32.60	
5. Metrocast	184.63	✓
6. Santander (Car Payment)	278.83	✓
8. Lawrence Sumski (Bankruptcy)	299.00	✓
9. Electric (Town)	50.00	✓
10. Food	200.00	
11. Gas for car	100.00	
12. Clothing	50.00	

TOTAL 1,560.66

TOTAL INCOME

1,528.00 SOCIAL SECURITY

I don't make it financially at end of month so I borrow what I need until I get my Social Security check from my local church. And it goes on and on.

Please write your policy number on your check. If you are paying multiple policies, please send in corresponding payment stubs.

Make check payable & mail to:

## The Hartford

Policy Number: 55 PHG 284613

Amount Enclosed \$	
-----------------------	--

<b>Payment Due Date</b>	10/13/20
<b>Current Balance</b>	<b>Minimum Due</b>
\$615.92	\$106.82

The Hartford  
P O Box 660912  
Dallas, TX 75266-0912



AMATUCCI JOSEPHINE  
P O BOX 272  
WOLFEBORO FALLS, NH 03896

[illegible]

Form PLIC-INS1

31374994 09/23/20 28 03896 90408189 NV5010UD

\*000051\*  
LIBERTY MUTUAL INSURANCE  
1 LIBERTY SQ  
MISHAWAKA IN 46344

Please do not send payments to the address above



JOSEPHINE AMATUCCI  
PO BOX 272  
WOLFEBORO FALLS NH 038960272

*dec. 2017 9-18-11 no pay  
last Nov. 219.45  
cal  
payments 106.64*

Josephine, thank you for being our valued customer since 2017!

**THIS IS YOUR INSURANCE BILL FOR ACCOUNT FOL0025092117A AS OF NOV. 14, 2017**

**ACCOUNT SUMMARY**

	AMOUNT
10/18/17 Previous Account Balance	\$395.56
Payments Received	- \$181.11
Installment Charge	\$5.00
11/14/17 Current Account Balance	\$219.45

**BILLING DETAILS**

Home Policy H37-21B-117400-70 (05/07/17 - 05/07/18)  
350 GOVERNOR WENTWORTH HWY

FREQUENCY	POLICY BALANCE	AMOUNT DUE
Monthly	\$219.45	\$58.61

**Questions Regarding Your Bill?**

1-800-226-8285

**Need to Report a Claim?**  
1-800-2CLAIMS (1-800-225-2467)

**Please Pay Total Amount Due by Dec. 04, 2017**

**\$58.61**





\*000051\*  
LIBERTY MUTUAL INSURANCE  
1 LIBERTY SQ  
MISHAWAKA IN 46544

Please do not send payments to the address above

JOSEPHINE AMATUCCI  
PO BOX 272  
WOLFEBORO FALLS NH 038960272

Josephine, thank you for being our valued customer since 2017!

**THIS IS YOUR INSURANCE BILL FOR ACCOUNT FOL0025092117A AS OF NOV. 14, 2017**

**ACCOUNT SUMMARY**

	AMOUNT
10/18/17 Previous Account Balance	\$285.56
Payments Received	-\$181.11
Installment Charge	\$5.00
11/14/17 Current Account Balance	\$219.45

**BILLING DETAILS**

	FREQUENCY	POLICY BALANCE	AMOUNT DUE
Home Policy	Monthly	\$219.45	\$58.61
H37-218-117400-70 (05/07/17 - 05/07/18)			
350 GOVERNOR WENTWORTH HWY			

Please Pay Total Amount Due by Dec. 04, 2017 **\$58.61**

**Questions Regarding Your Bill?**  
1-800-228-8286  
**Need to Report a Claim?**  
1-800-2CLAIMS (1-800-225-2487)

*Handwritten notes:*  
Dec. 2017 Nov. 9 - 181.11 per payment  
LAST NOV. 219.45  
PAYMENTS  
PbHL

*AACT*

**Payment Coupon**

Membership Number  
**334676263-2**

Insured Member 1  
**JOSEPHINE S AMATUCCI**

Member 1 Coverages  
**B**

Payment to due on or before the due date  
**03-03-2025**

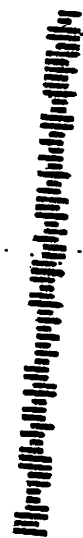
Insured Member 2  
**Member 2 Coverages**

Amount Due  
**\$374.50**

**3346762632745003033509243465 2**

If you make a payment of \$2070.00 by January 31 for the full year, you'll save \$241! Call if you have any questions: 1-800-623-6600.

PO BOX 660291  
 DALLAS TX 75266-0291



PLEASE MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO UNITED FARMERS INSURANCE COMPANY.  
 PLEASE DETACH AND MAIL ON THE COUPON AND CHECK WITH YOUR RETURN.  
 PLEASE USE THE ENVELOPE PROVIDED TO RETURN COUPON AND PAYMENT.



1ST INSTALLMENT: \$	472
2ND INSTALLMENT: \$	494
TOTAL PAYMENTS: \$	0

AMOUNT DUE \$ 966.  
BY DEC 19, 2017

100-443887-100

**Town of Wolfeboro  
P.O. Box 629  
Wolfeboro, NH 03894-0629**

**PLEASE DETACH AND RETURN ABOVE PORTION WITH YOUR PAYMENT. HAVE CHECK PAYABLE TO THE TOWN OF WOLFEBORO.**

*Town of  
Wolfeboro*

84 SOUTH MAIN STREET P.O. BOX 629  
WOLFEBORO, NH 03894-0629

**MONDAY - FRIDAY : 8:00AM - 4:00PM**  
**TELEPHONE (603) 569-3902**  
**email : [info@colorfulwoborch.us](mailto:info@colorfulwoborch.us)**

PO BOX 272  
WOLFEBORO FALLS NH 03896-0272

**TAX MAP LOT NUMBER: 151-21**

**PROPERTY LOCATION: 350 GOV WENTWORTH HWY**

	TAX RATES	TOTAL VALUATION	AMOUNT	ASSESSMENT INFORMATION	TAX INFORMATION
MUNICIPAL	5.760	\$64,500	\$371.00	BUILDING VALUE \$70,000	GROSS TAX \$966.00
SCHOOL - LOCAL	5.550	\$64,500	\$357.00	LAND VALUE \$84,500	CREDITS
SCHOOL - STATE	2.280	\$64,500	\$147.00	TOTAL VALUE \$154,500	NET TAX \$966.00
COUNTY	1.390	\$64,500	\$89.00	EXEMPTIONS	FIRST BILL \$472.00
					SECOND BILL \$494.00
TOTAL	14.980	\$64,500	\$966.00	TAXABLE VALUE \$64,500	PAYMENTS
AMOUNT DUE BY				DEC 19, 2017	\$966.00

**IF PAID AFTER DUE DATE ANNUAL INTEREST RATE OF 12% WILL BE CHARGED  
PRIOR YEARS TAXES DO NOT INCLUDE ACCUMULATED INTEREST OR COSTS  
PLEASE CONTACT THE TAX OFFICE FOR UPDATED AMOUNTS**

**IF YOU ARE ELDERLY, DISABLED, BLIND, A VETERAN, OR VETERAN'S SPOUSE, OR ARE UNABLE TO PAY TAXES DUE TO POVERTY OR OTHER GOOD CAUSE, YOU MAY BE ELIGIBLE FOR A TAX EXEMPTION, CREDIT, ABATEMENT, OR DEFERRAL. FOR DETAILS AND APPLICATION INFORMATION, CONTACT THE ASSESSING DEPARTMENT. (CONTACT AND ADDITIONAL INFORMATION ON REVERSE SIDE OF THIS BILL.)**

**PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION**

**WELLS**

Telephone: (603) 663-1000  
Email: [Lawrence.P.Sumski@bankruptcytrustee.com](mailto:Lawrence.P.Sumski@bankruptcytrustee.com)

UPSIDE

Lawrence P. Sumski

/s/ Lawrence P. Sumski

Yours truly,

Please call if you have any question regarding this.

Lawrence P. Sumski  
Chapter 13 Trustee  
1000 Elm Street, Suite 1002  
Manchester, NH 03101

The address for correspondence only is:

**PLEASE include your case number!**

Lawrence P. Sumski  
Chapter 13 Trustee  
PO Box 839  
Manchester, TN 38101-0839

Please send all Plan payments to the following address:

No do not process Plan payments at our office. Checks need to be sent to our  
Lock Box in Memphis, Tennessee. I am therefore returning your check  
#23582063376 in the amount of \$299.00 dated April 2, 2016.

Dear Ms. Amador:

RE: Chapter 13 #15-11858-BMH

Waldboro Falls, NH 03886

POB 272  
Josephine Amador

April 4, 2016

LAWRENCE P. SUMSKI  
CHAPTER 13 BANKRUPTCY TRUSTEE  
1000 Elm Street, Suite 1002  
Manchester, NH 03101

Withdrew - Perkins  
4/6/16 11:09:00  
549-9142  
Kareem  
4/6/16 5:49:31

CALL  
HEL

14XES

## Your New Benefit Amount

**BENEFICIARY'S NAME: JOSEPHINE S AMATUCCI**

Your Social Security benefits will increase by 2.8% in 2019 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

### How Much Will I Get And When?

- Your monthly amount (before deductions) is **\$1,646.50**
- The amount we deduct for Medicare Medical Insurance is **\$135.50**  
(If you did not have Medicare as of November 16, 2018, or if someone else pays your premium, we show \$0.00.)
- The amount we deduct for your Medicare Prescription Drug Plan is **\$0.00**  
(We will notify you if the amount changes in 2019. If you did not elect withholding as of November 1, 2018, we show \$0.00.)
- The amount we deduct for voluntary Federal tax withholding is **\$0.00**  
(If you did not elect voluntary tax withholding as of November 16, 2018, we show \$0.00.)
- After we take any other deductions, you will receive **\$1,511.00**  
on or about January 3, 2019.

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. Or visit [www.ssa.gov/non-medical/appeal](http://www.ssa.gov/non-medical/appeal) to appeal online. We would be happy to review the amounts.

If you receive a paper check and want to switch to an electronic payment, please visit the Department of the Treasury's Go Direct website at [www.godirect.org](http://www.godirect.org) online.

### What If I Have Questions?

- Visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov)
- Call us toll-free at 1-800-772-1213 (TTY 1-800-325-0778)

# MetroCast<sup>SM</sup>

METROCAST CABLEVISION  
9 APPLE RD BELMONT NH 03220-0251  
603.833.1600 W/MP 68 11072017 NNNYNN 01 006176 0028  
JOSEPHINE AMATUCCI  
PO BOX 272  
WOLFEBORO FALLS NH 03896-0272



## Statement of Service

Page 1 of 3  
Billing Date: November 6, 2017  
Account Number: 8282 16 019 0038339

### How to reach us ....

Office hrs M-F 8:00am-6:00pm  
Sat 9am-4:30pm [www.MetroCast.com](http://www.MetroCast.com)  
Phone hrs 24/7 1-800-958-1001

### For Service At...

350 GOVERNOR WENTWORTH HWY  
WOLFEBORO NH 03894-4635

## Account Summary

Your account is past due. Please remit the total balance due immediately to avoid a \$35.00 collection effort charge or disconnection of service. If payment was made after the remittance date, please disregard this message. Thank you.

Please see reverse side for account details.

Previous Balance	\$ 364.79
Payment(s)	-189.43
Monthly Charge(s)	167.91
Other Charge(s)	5.00
Taxes & Fee(s)	8.28
Balance Due	\$ 362.56
Payment Due Date	Upon Receipt



RT.

01/12/2017 00:15:01-000000-08

November 08, 2017

Member ID: 017354236-1

Dear JOSEPHINE S AMATUCCI,

You have a past due amount.  
Please pay so you don't lose  
your plan.

We want to let you know that you have a past due amount on your AARP MedicareRx Saver Plus (PDP) account. As of November 08, 2017, you owe \$65.20. Please pay this amount upon receipt so that you won't be disenrolled.

#### What happens if I don't pay?

If we don't receive payment for the past due amount and each month's premium (monthly charge) by December 31, 2017, we will have to disenroll you from AARP MedicareRx Saver Plus (PDP) effective December 31, 2017. After December 31, 2017, you will no longer be covered by AARP MedicareRx Saver Plus (PDP). However, your other Medicare benefits will not be affected if you are disenrolled from AARP MedicareRx Saver Plus (PDP).

#### Premium payment

Your premium is due on the 1st of each month. If we don't receive your payment by the first of each month, it will be added to your past due amount.

If you wish to pay your next month's premium today with the past due amount, here is the total.

Past due amount

\$65.20

Premium (monthly charge)

\$22.00

Due date

Upon receipt

December 31, 2017



Hot Springs, AR 71903-3367

Action Required

8

125PARTD\_BILLINGINCOLOR0001005-08804-01

JOSEPHINE S AMATUCCI

PO BOX 272

WOLFEBORO FALLS NH 03896-0272



Questions?

We're here to help.

Toll-Free 1-866-460-8854, TTY 711

8 a.m. - 8 p.m. local time, 7 days a week

## Your June 2018 statement.

Member ID:

0173542561

Previous balance

\$ 79.60

Payments received

\$ 0.00

Current charges

\$ 39.80

**Total due**

**\$119.40**

Due in full by

June 1, 2018

See details about your current charges on the back of this page.

**You have a past due balance.**

Please call Customer Service to pay your past due balance today. If we don't receive payment soon, you may be disenrolled from the plan.

**About your payment.**

Your payment can take up to 10 days to post to your account. If we received it after May 4, 2018, you'll see it on your next statement.

**It's easy to set up automatic payments.**

Use the form on the next page to sign up for Electronic Funds Transfer (EFT) and have your monthly payments automatically deducted from your bank account.

or

Call Customer Service to have your monthly payments automatically deducted from your Social Security or Railroad Retirement board check.

or

Call Customer Service to have your monthly payments automatically charged to your credit card.

You can stop automatic deductions at anytime — keeping you in control of your money.\*



**Access your account online.**

Make a payment, view claims and plan details. Sign up to get plan information delivered online.

[www.MyAARPMedicare.com](http://www.MyAARPMedicare.com)

MRAMR1503BG

\*006262\*

LIBERTY MUTUAL INSURANCE  
P.O. BOX 6829  
SCRANTON, PA 18505



**PLEASE READ:** Payments or documents sent to the address above will not be processed

JOSEPHINE AMATUCCI  
PO BOX 272  
WOLFEBORO FALLS NH 03896-0272

### Your Bill is Past Due.

We have not received your payment as of 04/06/2020. Please pay total amount due to avoid possible interruption to your coverage.

Josephine, thank you for being our valued customer since 2017!

### THIS IS YOUR HOME INSURANCE BILL AS OF APRIL 06, 2020

#### INSURANCE INFORMATION

Policy Number:	H37-218-117400-70
Policy Period:	May 07, 2019 - May 07, 2020
Bill Frequency:	Monthly
Property Insured:	350 GOVERNOR WENTWORTH HWY WOLFEBORO, NH 03894-4635

#### BILLING DETAILS

Previous Policy Balance	\$123.27
Payment Activity	
Payments Received	\$0.00
Installment Charge	\$5.00
Policy Balance	\$128.27
Past Due Amount	\$123.27
Installment Charge	\$5.00

**Please Pay Total Amount Due by April 26, 2020 \$128.27**

#### QUESTIONS

Questions Regarding  
Your Policy or Bill?

1-800-225-8285

Want to Pay Online?  
LibertyMutual.com/service

Need to Report a Claim?  
1-800-2CLAIMS (1-800-225-2467)

Mail Check to:  
Liberty Mutual Group  
PO BOX 1452  
New York, NY 10116-1452

Save Time & Money  
Eliminate installment charges by  
paying your balance in full.



#### PAYMENT COUPON

Please send all payments in the envelope provided.  
Please make check payable to: Liberty Mutual Group



Save time and money by signing up for automatic payments via  
your bank account at: LibertyMutual.com/autopay  
Or pay your bill online at: LibertyMutual.com/pay

Lost your envelope? Mail check to:

Liberty Mutual Group  
PO BOX 1452  
New York, NY 10116-1452

JOSEPHINE AMATUCCI

Due Date: April 26, 2020  
Policy Number: H37-218-117400-70  
Invoice Number: 00000285724331

OR	PAY POLICY IN FULL: \$128.27
	PAY AMOUNT DUE: \$128.27

#### Amount Enclosed:

\$    ,    .



**Santander**  
CONSUMER USA



183143  
JOSEPHINE AMATUCCI  
350 GOVERNOR WENTWORTH HWY POB 272  
WOLFEBORO FALLS, NH 03896



10/20/14  
Post  
248

ACCOUNT ALERTS & IMPORTANT MESSAGES

**ACCOUNT INFORMATION**

Account Number 4628746  
Account Status Current  
Statement Date 10/20/2014  
Payment Due Date 11/08/2014

Payment Amount \$278.83  
Payments Made 0  
Maturity Date 10/08/2020  
Past Due Amount \$0.00

Principal \$14,993.00  
Accrued Interest \$225.69  
Unpaid Fees & Charges \$.00  
Estimated Payoff\* \$15,218.69

**TOTAL AMOUNT DUE**  
**\$278.83**  
By  
11/08/2014

\*Balance including principal, accrued interest, and unpaid fees and charges as of the Statement Date.

10/20/14